

IVE/FC ELIGIBILITY DETERMINATION REQUEST

Date: _____

I. Child Removal Information

Full Name _____ Case # _____ Juvenile Cause # _____
Date of Birth _____ Place of Birth _____ Social Security # _____
Race _____ Gender _____ Date of Removal _____

Please answer all questions based on the month listed above as the Date of Removal

Example: Child is removed on May 27th and the child begins receiving Social Security payments on June 1st. The Social Security income should not be included in this report because it was not received during the month of removal.

II. Household Income and Resource Information at Time of Placement

1. Household members at the time of removal:

| | | |
|------------|-----------|--------------------|
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |

2. Did any household members receive any of the following benefits? Yes _____ No _____

Social Security: Amount _____ Recipient _____ Relationship to child in placement _____
SSI: Amount _____ Recipient _____ Relationship to child in placement _____
Child Support: Amount _____ Recipient _____ Relationship to child in placement _____
Other Benefits: Amount _____ Recipient _____ Relationship to child in placement _____
Payee _____ Paternity or Divorce Cause # _____

3. Were any of those benefits paid to another person or agency? If so, to whom? _____

4. Did any household member have resources (bank accounts, stocks or bonds, trust funds, property that you are buying or selling other than the home, life insurance policies, IRA or retirement accounts, etc.) either in their name or being held for a child? Yes _____ No _____ If yes, indicate who, type(s), amount(s), location(s) and how held: _____

5. Did any household member have a vehicle(s) _____? If so, list the make(s), model(s) and year(s) below: _____

6. Is (child) _____ blind or disabled (physically, emotionally, or mentally)? Yes _____ No _____

Describe condition or diagnosis _____

7. Was (child) _____ enrolled in school at the time of placement? Yes _____ No _____ Name of school _____ Grade _____ Special Education Yes _____ No _____

III. Child's Placement Information

Caregiver the child was removed from _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Telephone # _____
Absent parent's name _____ Reason for absence (divorce, death, etc.) _____

IV. Parent Information (at time of removal)

MOTHER

Name _____ Maiden Name _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Race _____
Date of birth _____ Social Security # _____
Marital status: _____ Single _____ Married _____ Divorced _____ Separated _____
Mother's Income: Employer _____ Address _____
Start date of employment _____ Wages per hour _____ Number of hours per week _____
Are there any children not living with mother for whom she is paying child support? If yes, give names, dates of birth, amount of child support, frequency and court cause numbers: _____
If married, Spouse's name _____
Spouse's Income: Employer _____ Address _____
Start date of employment _____ Wages per hour _____ Number of hours per week _____
Are there any children not living with the spouse for whom he is paying child support? If yes, give names, dates of birth, amount of child support, frequency and court cause numbers: _____
If mother is deceased, indicate date of death _____

FATHER

Name _____ Date of birth _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Race _____
Marital status: _____ Single _____ Married _____ Divorced _____ Separated _____
Father's Income: Employer _____ Address _____
Start date of employment _____ Wages per hour _____ Number of hours per week _____
Are there any children not living with father for whom he is paying child support? If yes, give names, dates of birth, amount of child support, frequency and court cause numbers: _____
If married, Spouse's name _____
Spouse's Income: Employer _____ Address _____
Start date of employment _____ Wages per hour _____ Number of hours per week _____
Are there any children not living with the spouse for whom she is paying child support? If yes, give names, dates of birth, amount of child support, frequency and court cause number: _____

If father is deceased, indicate date of death _____

Were parent's married at the time of (child's) _____ birth? Yes _____ No _____

Were the mother and father ever married? Yes _____ No _____ Date _____ City/State _____

Were parents living together at the time of placement? Yes _____ No _____

Are parents divorced? Yes _____ No _____ Date _____ City/State _____

Has paternity been established through a court order? Yes _____ No _____

Was child support ever ordered (through a divorce or paternity suit)? Yes _____ No _____

If yes, amount of order _____ frequency _____ Court cause # _____

Who was ordered to pay support? _____

To whom is it paid? _____

V. Third Party Medical Coverage

Medical Insurance Company Information

Name _____ Policy # _____

Address _____ Effective date _____

Policy holder _____

Telephone # _____ Who is covered? _____

Benefit type: (check all that apply)

_____ Hospitalization _____ Major medical _____ Optical/vision _____ Mental health

_____ Medical _____ Pharmacy _____ Dental

If insurance is through employer, indicate name and telephone number of employer: _____

IV. Other Pertinent Information: (Expected changes, special circumstances, etc.)

* Name of FCM/Probation Officer Assigned to Case: _____

Please attach copies of the following items when you return this form.

_____ Child's birth certificate _____ Medical insurance card (front and back)

_____ Child's Social Security card

When complete please return to: Division of Family and Children, Howard County Office, 101 W. Superior Street, Kokomo, IN 46901.

Thank you.